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(Depositor's name)
(Signature)
(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/593,629 | 09/21/2006 | Masahide Miura | 129518 | 1924 |

TITLE OF INVENTION: PROCESS FOR PRODUCING METAL OXIDE PARTICLE AND EXHAUST GAS PURIFYING CATALYST

| APPLN. TYPE | <u> </u> | | | <u> </u> | | |
|--|--|---|--|---|--|---|
| | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 86/22/2011 S | \$1810 MOHAMM1 00000045 1 | 06/28/2011 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | 1510.00 OP |
| SMITH, NICHOLAS A | | 1723 | 502-304000 | 01 FC:1501 02 FC:1504 | | 300.00 OP |
| CFR 1.363). Change of corres Address form PTO/S "Fee Address" inc PTO/SB/47; Rev 03- Number is required 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI | dication (or "Fee Address 02 or more recent) attach and RESIDENCE DATaless an assignee is ident th in 37 CFR 3.11. Comp | Indication form ed. Use of a Customer A TO BE PRINTED ON ified below, no assignee oletion of this form is NO | or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attornisted, no name will be THE PATENT (print or type data will appear on the part of the | 3 registered patent attornively, e firm (having as a membagent) and the names of urneys or agents. If no namprinted. De) atent. If an assignee is it assignment. and STATE OR COUNT | er a 2 p to ne is 3 dentified below, the doc | Berridge, PLC |
| Please check the approp | riata casiareae estacere e | | | | | _ |
| 5. Change in Entity State a. Applicant claim NOTE: The Issue Fee as | are submitted: No small entity discount # of Copies itus (from status indicate its SMALL ENTITY state and Publication Fee (if req | d above) s. See 37 CFR 1.27. | b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit care The Director is hereby overpayment, to Depo b. Applicant is no longed from anyone other than the | se first reapply any prevok#238278 (\$18 d. Form PTO-2038 is attack authorized to charge the sit Account Number 15 ger claiming SMALL ENT | viously paid issue fee st 810) ched. required fee(s), any defi -0461 (enclose an | ciency, or credit any extra copy of this form). |

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